

FILED APR 18 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

13360

3160

Registrar's No.

BIRTH NO.

REG. DIST. NO.

218

PRIMARY REG. DIST. NO.

1003

1. PLACE OF DEATH

a. COUNTY **St. Louis**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE **Missouri**b. COUNTY **St. Louis**b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **St. Louis**c. CITY OR TOWN **St. Louis**d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐d. FULL NAME OF HOSPITAL OR INSTITUTION **ST. LOUIS CHRONIC HOSPITAL**e. STREET ADDRESS (If rural, give location) **FAIRGROUNDS HOTEL 3644 Natural Bridge**3. NAME OF DECEASED
(Type or Print)

a. (First)

ALBERT

b. (Middle)

J.

c. (Last)

GOSS Sr.

4. DATE OF DEATH

(Month)

4

(Day)

7

(Year)

1955

5. SEX

Male

6. COLOR OR RACE

White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)

Widower

8. DATE OF BIRTH

June 12, 1888

9. AGE (In years last birthday)

66

10. IF UNDER 1 YEAR

Months

11. IF UNDER 1 HRS.

Days

12. IF UNDER 1 MIN.

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Retired10b. KIND OF BUSINESS OR INDUSTRY
Lithographer

11. BIRTHPLACE (City and State or Foreign Country)

Louisiana

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13a. FATHER'S NAME

Ephram Goss

13b. MOTHER'S MAIDEN NAME

Mary ?

14. NAME OF HUSBAND OR WIFE

Widower (Vera G. Goss)15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
No16. SOCIAL SECURITY NO.
493-09-756317. INFORMANT'S SIGNATURE OR NAME ADDRESS
Albert J. Goss Jr., 4959 Mardel Ave.18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)

ANTECEDENT CAUSES

Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

MEDICAL CERTIFICATION

Arteriosclerotic Heart Disease (Arteriosclerotic heart disease)**Gen. Arteriosclerosis (Gen. arteriosclerosis)**

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP)

(COUNTY)

(STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

420022. I hereby certify that I attended the deceased from **Jan. 21, 1955**, to **April 7, 1955**, that I last saw the deceased alive on **April 7, 1955**, and that death occurred at **8:45 P.m.**, from the causes and on the date stated above.23a. SIGNATURE (Degree or title)
George M. Janaka, M.D.23b. ADDRESS
5600 Arsenal St.23c. DATE SIGNED
4/8/55

24a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

24b. DATE

Apr. 9, 1955

24c. NAME OF CEMETERY OR CREMATORY

Valhalla Cemetery

24d. LOCATION (City, town, or county)

St. Louis County, Mo.

DATE REC'D BY LOCAL REG.

APR 8 1955

REGISTRAR'S SIGNATURE

J. C. Smith M.D.

25. FUNERAL DIRECTOR'S SIGNATURE

G. Hormeister Colonial Mortuary

6464 Chippewa St., St. Louis, Mo.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No.

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.